

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Document Number

10/625586

**CLAIMS AS FILED - PART I**

|                                  | (Column 1)                          | (Column 2)   |
|----------------------------------|-------------------------------------|--------------|
| TOTAL CLAIMS                     | 19                                  |              |
| FOR                              | NUMBER FILED                        | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 19 minus 20 =                       | 0            |
| INDEPENDENT CLAIMS               | 1 minus 3 =                         | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input checked="" type="checkbox"/> |              |

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 375.00 |
| X39=      |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 750.00 |
| X318=     |        |
| X84=      |        |
| +280=     |        |
| TOTAL     | 710    |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

7-19-05

|  | (Column 1)               | (Column 2)                         | (Column 3)    |
|--|--------------------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 19                       | minus 20                           |               |
| Independent                                    | 1                        | minus 3                            |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X39=             |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X318=            |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

4/4/06

|  | (Column 1)               | (Column 2)                         | (Column 3)    |
|--|--------------------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 19                       | minus 20                           |               |
| Independent                                    | 1                        | minus 3                            |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X39=             |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X318=            |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

11/3/06

|  | (Column 1)               | (Column 2)                         | (Column 3)    |
|--|--------------------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 17                       | minus 20                           | 0             |
| Independent                                    | 1                        | minus 3                            | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X39=             |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X318=            |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
\* If the Highest Number Previously Paid For in THIS SPACE is less than 20, enter "20".  
\* If the Highest Number Previously Paid For in THIS SPACE is less than 3, enter "3".  
The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

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